

**CONTENTS****CHAPTER 1. PERSIAN GULF REGISTRY (PGR) PROGRAM**

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**RESCISSIONS**

The following material is rescinded:

**1. Manuals**

M-10, Part III, Chapter 1, dated December 7, 1992.

## CHAPTER 1. PERSIAN GULF REGISTRY (PGR) PROGRAM

### 1.01 PURPOSE

a. This chapter provides procedures to establish a Persian Gulf Registry (PGR) Program at all Department of Veterans Affairs (VA) health care facilities for concerned participants of "Operation Desert Shield /Storm."

### 1.02 BACKGROUND

a. According to the Department of Defense (DOD) approximately 690,000 American servicemen and women were involved in the Persian Gulf War. There may be a substantial number of troops actually exposed to unignited petroleum and/or smoke from the sabotage of Kuwaiti oil wells by retreating Iraqi forces as well as other industrial and environmental hazards.

b. Establishment of a PGR will assist VA in initiating a program to identify possible diseases which may result from service of United States (U.S.) military personnel in certain areas of Southwest Asia (see par. 2.02). These diseases may be endemic to the area or due to hazardous exposures, including heavy metals. Furthermore, air pollutants, i.e., carbon monoxide sulfur oxides, hydrocarbons, particulate matter, and nitrogen oxides, singly or in combination, can cause chronic as well as acute health problems.

(1) These health problems may include:

- (a) Chronic bronchitis,
- (b) Chronic obstructive pulmonary disease,
- (c) Pulmonary emphysema,
- (d) Bronchial asthmas, and
- (e) Lung cancer.

**NOTE:** *U.S. veterans who served in the Persian Gulf theatre of war are henceforth in M-10, Part III, referred to as Persian Gulf veterans.*

(2) Persian Gulf veterans have reported a wide variety of symptoms and exposures as a consequence of Persian Gulf service. These include, but are not limited to exposure to:

- (a) Oil, smoke and other petrochemical agents;
- (b) Leishmaniasis (Sand flies);
- (c) Pyridostigmine bromide, malaria prophylaxis and other prophylactic drug treatments;
- (d) Depleted Uranium (DU);
- (e) Inoculations (Anthrax, botulism, etc.);
- (f) Pesticides;
- (g) Diesel and jet fuels and other petrochemicals and solvents;
- (h) Chemical Agent Resistant Compound (CARC) paint;
- (i) Chemical and/or biological warfare agents; and
- (j) Contaminated food and water obtained in the Persian Gulf.

(3) The following symptoms have been reported by a number of Persian Gulf veterans:

- (a) Gastrointestinal problems;
- (b) Flu-like conditions;
- (c) Skin rashes;
- (d) Sinus congestion, post nasal drip;
- (e) Joint pains and/or muscle soreness;
- (f) Hair loss;
- (g) Headaches;
- (h) Memory loss;
- (i) Chronic fatigue;
- (j) Thickened saliva;
- (k) Loose teeth, sore and/or bleeding gums;
- (l) Dizziness, vertigo;
- (m) Sleep disturbance; and
- (n) Other symptoms and/or exposures.

(4) During the examination process, these exposures and health conditions will be identified and documented in the Consolidated Health Record (CHR) and VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet.

c. The creation of a registry containing medical and other data on exposed veterans will signal VA's commitment to address questions concerning possible future effects of air pollutant exposure, other environmental agents, and serve as the basis for future medical surveillance. **NOTE:** *VA is in the process of requesting support for future computerization of this registry.*

### **1.03 AUTHORITY AND HEALTH CARE SERVICES PROVIDED**

Title 38, United States Code (U.S.C.) Chapter 17, Section 1710, provides for health care only, and a determination that the veteran is eligible for such care does not constitute a basis for service-connection or in any way affect determinations regarding service-connection.

a. Health care services will be provided to veterans who while serving on active duty in the Southwest Asia theater of operations during the Persian Gulf War may have been or were exposed to a toxic substance or environmental hazard. Verification of service in the Persian Gulf during the Persian Gulf era (August 2, 1990 - no ending date established by law) will be required. Inasmuch as VA presumes that a veteran was exposed to a toxic substance or environmental hazard during any service in the Persian Gulf, a verified claim of such in-country service constitutes the required contention of exposure and establishes eligibility for medical care within these provisions.

b. Authorized health care services are limited to:

(1) Hospital, nursing home care and outpatient care in VA facilities on a pre- or post-hospitalization basis or to obviate a need for hospitalization.

(2) Such health care services will be provided without regard to the veteran's age, service-connected status or ability of the veteran to defray the expenses of such care.

(3) Veterans furnished outpatient care under this authority will be accorded priority ahead of most other non service-connected veterans and equal to former Prisoners of War who are receiving care for non service-connected conditions.

(4) Congress made it clear that this authority provides for health care only, and that a determination that the veteran is eligible for such care does not constitute a basis for service-connection or in any way affect determinations regarding service-connection.

**NOTE:** *Health care services may not be provided under this authority for the care of conditions which are found to have resulted from a cause other than the specified exposures.*

#### **1.04 HEALTH EVALUATION**

a. Veterans claiming health conditions related to exposure to toxic substance or environmental hazard will be evaluated clinically by means of a physical examination and appropriate diagnostic studies (see Ch. 2, App. 2B). Where findings reveal a condition requiring treatment, the responsible staff physician shall make a determination as to whether the conditions resulted from a cause not related to Persian Gulf Service.

b. In making this determination, the physician will consider the following types of conditions which are not ordinarily considered to be due to toxic substances or environmental hazards:

- (1) Congenital or developmental conditions, e.g., spina bifida, scoliosis.
- (2) Conditions which are known to have existed before the Persian Gulf.
- (3) Conditions resulting from trauma, e.g., deformity or limitation of motion of an extremity.
- (4) Conditions having a specific and well-established etiology; e.g., tuberculosis or gout.
- (5) Common conditions having a well-recognized clinical course, e.g., inguinal hernia or acute appendicitis.

#### **1.05 EXCEPTIONS TO SERVICES**

a. Although the types of conditions listed in paragraph 1.04 are not ordinarily considered to be due to a toxic substance or environmental hazard, if the staff physician finds that a veteran requires care under this provision for one or more of those conditions, the physician should seek guidance from the Chief of Staff (COS) and the Veterans' Registry Physician (VRP) regarding the authorization for treatment.

b. The decision and its basis will be clearly documented in the medical record or chart by the VRP.

c. Veterans who are not provided needed medical care under these provisions may be furnished care if they are eligible under other statutory authority.

d. All non service-connected Persian Gulf veterans who respond affirmatively to the exposure question are means tested before being seen by a physician.

## **1.06 RESPONSIBILITIES**

a. A PGR will be established modeled after the Agent Orange and Ionizing Radiation Registries. All VA facility staff are to be alerted of the PGR through appropriate internal communications, e.g., medical center memoranda providing names, locations, and office telephone numbers of the Veterans' Registry Physician (VRP) and the Veterans' Registry Coordinator (VRC).

(1) The PGR is the responsibility of VA Central Office Environmental Agents Service (EAS), in coordination with:

- (a) VRPs;
- (b) VRCs; and
- (c) The VA Austin Automation Center (AAC), Austin, TX.

(2) It will consist of medical examinations and other data of concerned Persian Gulf War participants. The PGR will be the most effective means of identifying such concerned veterans.

b. The EAS has the responsibility to develop, coordinate, and monitor Veterans Health Administration (VHA) activities relating to the Persian Gulf issue. All policy and clinical questions relating to the identity of possible diseases which may result from service of U.S. (United States) military personnel in certain areas of Southwest Asia should be referred to EAS.

c. The VRP and VRC at each VA facility will assume respective responsibility for coordinating the medical and administrative aspects of the registry. The VRP, VRC, and other medical center staff, will play a key role, beginning with the initial contact in:

(1) Providing registry participants with medical examinations and necessary treatment where medically indicated for eligible veterans;

(2) Advising veterans of examination results; and

(3) Submitting properly completed code sheets to the AAC.

d. There will be a time lapse between the date of examination and the processing of examination results. Accordingly, analyses used in speeches or presentations should be qualified to avoid misleading or misinforming the audience.

## **1.07 MEDIA AND OTHER EXTERNAL CONTACTS**

a. **Media Contacts.** Reports of Contact from various media sources (e.g., radio, television, newspapers, etc.) concerning PGR Program activities will be referred by phone to the facility Public Affairs Officer. Interviews should not be given unless approved by the medical center Public Affairs Officer who may appropriately coordinate response with the regional VA public affairs representative.

b. **Contacts to Advise Centers of "Special Cures" for Persian Gulf-Related Illnesses.** Medical centers can expect, on occasion, to be contacted by private sector physicians, researchers, and the general public with information regarding "quick cures" for Persian Gulf-related illnesses. Such individuals should be advised that:

(1) There are medically accepted mechanisms to introduce new clinical treatments;

(2) All new treatments suggested must be reviewed by a formally designated and staff Human Subjects Review Committee;

(3) It is important to have independent confirmation of treatment efficacy;

(4) Provisions exist to permit the originator of new therapies to retain professional credit and be appropriately compensated; and/or

(5) The individual might want to consider presenting the “new approach” at a VA or medical school Grand Rounds or Staff Review Committee meeting.

#### **1.08 SPECIAL HEALTH NEEDS OF PERSIAN GULF FEMALE VETERANS**

VHA is committed to providing for the physical and psychological treatment needs of women veterans who have been sexually or physically abused, or engaged in combat.

a. The VRP should be aware of and sensitive to the needs of Persian Gulf women veterans who were:

(1) Raped;

(2) Otherwise sexually assaulted;

(3) Sexually harassed;

(4) Combatants during military service; or

(5) Prisoners of War.

b. This can lead to long-term psychiatric and psychosomatic sequelae. When a problem is detected, appropriate counseling and psychotherapy must be provided.

**NOTE:** *Since this is a highly specialized area, it may be necessary to make appropriate referral to other VA or private sector providers. This should be reported on the CHR as well as under Item 32, Part II of VA Form 10-9009A (July 1995), Persian Gulf Registry Code Sheet, Phase I.*